



2153 ar  
03.20.02

Please type a plus sign (+) inside the box →  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/010,973
	Filing Date	December 5, 2001
	First Named Inventor	Paul R. Nash
	Group Art Unit	2153
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	41003.P086X

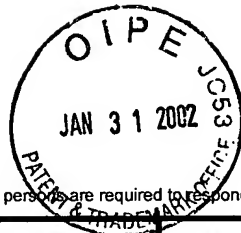
RECEIVED  
FEB 06 2002  
Technology Center 2100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. PTO 1449 Form - 1 page
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Copies of seven (7) cited references
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Aloysius T.C. AuYeung, Reg. No. 35,432 COLUMBIA IP LAW GROUP, PC
Signature	
Date	January 14, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 01/14/2002	
Typed or printed name	Heather L. Adamson
Signature	
Date	01/14/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

### Complete if Known

Application Number	10/010,973
Filing Date	December 5, 2001
First Named Inventor	Paul R. Nash
Examiner Name	Not yet assigned
Group Art Unit	2153
Attorney Docket No.	41003.P086X

RECEIVED  
FEB 06 2002  
Technology Center 2100

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																									
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 501569 Deposit Account Name: Columbia IP Law Group, PC  <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																																																									
<b>2.</b> <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																											
<b>FEE CALCULATION</b>																																																											
<b>1. BASIC FILING FEE</b>																																																											
<table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>740</td><td>370</td><td></td><td></td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>330</td><td>165</td><td></td><td></td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>510</td><td>255</td><td></td><td></td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>740</td><td>370</td><td></td><td></td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>760</td><td>80</td><td></td><td></td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="7">SUBTOTAL (1)</td><td>(\$ )</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	201	740	370			Utility filing fee		106	206	330	165			Design filing fee		107	207	510	255			Plant filing fee		108	208	740	370			Reissue filing fee		114	214	760	80			Provisional filing fee		SUBTOTAL (1)							(\$ )		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																				
101	201	740	370			Utility filing fee																																																					
106	206	330	165			Design filing fee																																																					
107	207	510	255			Plant filing fee																																																					
108	208	740	370			Reissue filing fee																																																					
114	214	760	80			Provisional filing fee																																																					
SUBTOTAL (1)							(\$ )																																																				
<b>2. EXTRA CLAIM FEES</b>																																																											
<table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td>-20**=</td><td></td><td></td></tr><tr><td>Independent Claims</td><td>-3**=</td><td></td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid		-20**=			Independent Claims	-3**=			Multiple Dependent																																													
Total Claims	Extra Claims	Fee from below	Fee Paid																																																								
	-20**=																																																										
Independent Claims	-3**=																																																										
Multiple Dependent																																																											
<table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>203</td><td>18</td><td>9</td><td></td><td></td><td>Claims in Excess of 20</td><td></td></tr><tr><td>102</td><td>202</td><td>84</td><td>42</td><td></td><td></td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>204</td><td>280</td><td>140</td><td></td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>209</td><td>84</td><td>42</td><td></td><td></td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>210</td><td>18</td><td>9</td><td></td><td></td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="7">SUBTOTAL (2)</td><td>(\$ )</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	103	203	18	9			Claims in Excess of 20		102	202	84	42			Independent claims in excess of 3		104	204	280	140			Multiple dependent claim, if not paid		109	209	84	42			** Reissue independent claims over original patent		110	210	18	9			** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)							(\$ )		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																				
103	203	18	9			Claims in Excess of 20																																																					
102	202	84	42			Independent claims in excess of 3																																																					
104	204	280	140			Multiple dependent claim, if not paid																																																					
109	209	84	42			** Reissue independent claims over original patent																																																					
110	210	18	9			** Reissue claims in excess of 20 and over original patent																																																					
SUBTOTAL (2)							(\$ )																																																				
**or number previously paid, if greater; For Reissues, see above																																																											
		<b>Other fee (specify)</b>																																																									
		SUBTOTAL (3) (\$ )																																																									
		*Reduced by Basic Filing Fee Paid																																																									

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Aloysius T.C. AuYeung	Registration No. (Attorney/Agent)	35,432
Signature		Telephone	503-595-2800
		Date	January 14, 2002

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.